

ORIGINAL

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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 Date Received
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MAR 22 2010

 SANTA BARBARA COUNTY
 ELECTIONS

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
CARBASAL	SALUD	ORTIZ	
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business Address Acceptable)			OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

County of SANTA BARBARA

Division, Board, District, if applicable:

FIRST DISTRICT

Your Position:

SUPERVISOR

☐ If filing for multiple positions, list additional agency(ies)/
 position(s): (Attach a separate sheet if necessary.)

 Agency: Board of Supervisors
 SANTA BARBARA county

Position: member

2. Jurisdiction of Office (Check at least one box)

☐ State☒ County of SANTA BARBARA☐ City of _____☐ Multi-County _____☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____☒ Annual: The period covered is January 1, 2009,
through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through
December 31, 2009.☐ Leaving Office Date Left: ____/____/____
(Check one)☐ The period covered is January 1, 2009, through the
date of leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.☐ Candidate Election Year: _____

4. Schedule Summary

☐ Total number of pages
 Including this cover page: 3

☐ Check applicable schedules or "No reportable
 interests."
I have disclosed interests on one or more of the
attached schedules:
 Schedule A-1 ☐ Yes - schedule attached
 Investments (Less than 10% Ownership)

 Schedule A-2 ☐ Yes - schedule attached
 Investments (10% or Greater Ownership)

 Schedule B ☐ Yes - schedule attached
 Real Property

 Schedule C ☒ Yes - schedule attached
 Income, Loans, & Business Positions (Income Other than Gifts
 and Travel Payments)

 Schedule D ☐ Yes - schedule attached
 Income - Gifts

 Schedule E ☒ Yes - schedule attached
 Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

 I have used all reasonable diligence in preparing this
 statement. I have reviewed this statement and to the best
 of my knowledge the information contained herein and in any
 attached schedules is true and complete.

 I certify under penalty of perjury under the laws of the State
 of California that the foregoing is true and correct.

Date Signed

3/19/10

Signature

(I am the originally signed statement with your living official.)

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name _____

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Girls Inc. of Greater Santa Barbara

ADDRESS (Business Address Acceptable)

735 STATE ST. Santa Barbara CA 93101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

After school Programs (youth)

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☒ Spouse's or registered domestic partner's income
☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

SANTA BARBARA Neighborhood Clinics

ADDRESS (Business Address Acceptable)

1900 STATE ST, Suite G, SANTA BARBARA, CA 93101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

HEALTH CARE Non-profit Agency

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☒ Spouse's or registered domestic partner's income
☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

- ☐ None ☐ Personal residence

☐ Real Property _____
Street address

_____ City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE E
Income -- Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name _____

- Reminder -- you must mark the gift or income box.
- You are not required to report income from government agencies.

► NAME OF SOURCE
NATIONAL Association of Counties
ADDRESS (Business Address Acceptable)
25 Massachusetts Ave. NW
CITY AND STATE
Washington, D.C.
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): **5/26/09 - 5/30/09** AMT: \$ **3500**
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: **County Leadership**
Institute TRAINING

► NAME OF SOURCE
CALIFORNIA STATE ASSN. of Counties
ADDRESS (Business Address Acceptable)
1029 K STREET
CITY AND STATE
SACRAMENTO, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): **05/26/09 - 05/30/09** AMT: \$ **1500**
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: **County Leadership**
Institute TRAINING

► NAME OF SOURCE
CALIFORNIA STATE ASSN. of Counties
ADDRESS (Business Address Acceptable)
1029 K STREET
CITY AND STATE
SACRAMENTO, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): **9/30/09 - 10/4/09** AMT: \$ **219.20**
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

DESCRIPTION: **Airfare Reimbursement**
for County leadership Institute training

► NAME OF SOURCE
GREAT VALLEY LEADERSHIP Institute
ADDRESS (Business Address Acceptable)
201 NEEDHAM ST
CITY AND STATE
Modesto, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): **9/30/09 - 10/4/09** AMT: \$ **4500**
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: **Public Policy Educational**
TRAINING for Elected Officials

Comments: **All Gifts are Reportable but not limited under**
Govt Code Section 89506 (a); Reg 18950.1 (a)(2)